

**RESIDENT FUNDS RECORD
PART I**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

Resident Name	
Facility Name	License Number

INSTRUCTIONS:

1. The licensee is to complete Sections A, B, and C for all residents.
2. A Resident Funds Part II (BCAL-2319) or approved substitute, must be completed for:
 - a. All resident payments for adult foster care services as required by R400.14102(1)(v)(I), R 400.15102(1)(0)(I)
 - b. Account(s) managed by the licensee for a resident including:

Personal allowance	Work/workshop checks
Other checks or cash such as gifts	Cash
Interest	Dividends
Stocks, bonds or money market funds	Savings, checking accounts
All other applicable funds	
3. The licensee is to keep Resident Funds forms in the resident's record
4. The licensee is to give a copy of the Resident Funds forms to the person(s) responsible for managing the resident's funds.
5. The licensee shall not commingle resident funds with licensee's funds.

SECTION A: The person or persons responsible for the resident's funds is (are):

Resident _____

Legal Guardian.....

Name

Phone Number

Representative Payee.....

Name

Phone Number

Adult Foster Care Licensee or Designee.....

Name

Phone Number

Other.....

Name

Phone Number

SECTION B:

Please indicate below all applicable accounts managed by the licensee or their designee. All transactions regarding these accounts must be recorded on the BCAL-2319. Name the individual managing account: _____

Payment for AFC _____

Cash _____

Checking Account – Joint Checking.....

Name of Bank

Account Number

Saving Account – Joint Savings.....

Name of Bank

Account Number

Other Account.....

Name of Bank

Account Number

Signature of Joint Account Holder

(1)

Signature of Joint Account Holder

(2)

SECTION C: I certify that I have no ownership interest in the resident's account.

Licensee/Designee Signature _____

Date _____

THANK YOU FOR YOUR COOPERATION

AUTHORITY: 1979 PA 218
COMPLETION: Mandatory
CONSEQUENCE: Adult Foster Care Rule Violation

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.